Annex B

PARENT INFORMATION SHEET

Dear parent/guardian,

We seek your help to have this short survey completed. We are inviting Secondary 3 students in Singapore to answer questions about **peanut, nut and seafood allergies**, with the approval of the Ministry of Education. Your child has indicated that he/she has at least one of the allergies listed above. We ask that you help your child complete this simple questionnaire. **The information you provide will be treated confidentially**. It will help medical authorities understand allergic diseases better and formulate management strategies for our Singapore schoolchildren. Hence, your participation will be greatly appreciated. Simply return the completed form to us using the pre-paid envelopes.

In case you require any medical advice with regards to your child's food allergy, kindly call our hotline 91380032 during office hours.

Thank you very much for your kind co-operation, it is greatly appreciated.

Yours sincerely,

Dr Lynette Shek
Department of Paediatrics
National University of Singapore

I, _____ (name of parent/guardian), consent to let my child _____ (name of child) of class _____, of _____ (school) to participate in this survey. I understand that the information which I provide will be confidential.

Signature of parent/guardian: _____/ _____ (Date)

Address: _____

Contact number: _____ (home) _____ (office) _____ (hp)

FISH ALLERGY

*If you have ever had **fish allergy**, please answer the following questions.*

1. Which fish are you allergic to? (can tick more than 1)	Cod ☐ Tuna ☐ Salmon ☐ Threadfin / Ikan Kurau ☐ Anchovy / Ikan Bilis ☐ Pomfret ☐ Tengirri ☐ White bait fish ☐ Not sure which fish ☐ Others, pls specify: _____
1a. If you are allergic to more than one fish, indicate which fish gave the most severe reaction (leave blank if not sure).	Name of Fish: _____
QUESTIONS 2 to 13 DEAL WITH YOUR MOST SEVERE REACTION TO FISH	
2. About how old were you when you first ate this fish?	_____ years old
2a. If you are not sure, can you give us an estimate?	< 1 year old ☐ 1 – 5 years old ☐ 6 – 10 years old ☐ 11 – 16 years old ☐ Don't know ☐ Never eaten ☐
3. Did you have an allergic reaction to this fish the FIRST time you ate it?	Yes☐ No☐ Not sure ☐
IF YOU ANSWERED "**FOUND OUT BY ALLERGY TEST**", PLEASE SKIP TO **QUESTION 9**	Found out by allergy test, no first reaction ☐
4. How old were you when you FIRST had a reaction to this fish?	_____ years old
4a. If you are not sure, can you give us an estimate?	< 1 year old ☐ 1 – 5 years old ☐ 6 – 10 years old ☐ 11 – 16 years old ☐ Don't know ☐

5. During the MOST SEVERE allergic reaction to the fish, did you have the following symptoms?

• Hives (urticaria, itchy rash like mosquito bites)	Yes ☐	No ☐	Don't know ☐
• Swelling of eyes (eyelids)	Yes ☐	No ☐	Don't know ☐
• Swelling of lips or face	Yes ☐	No ☐	Don't know ☐
• Vomiting	Yes ☐	No ☐	Don't know ☐
• Diarrhoea	Yes ☐	No ☐	Don't know ☐
• Abdominal pain	Yes ☐	No ☐	Don't know ☐
• Congested or running nose	Yes ☐	No ☐	Don't know ☐
• Itchy throat or mouth	Yes ☐	No ☐	Don't know ☐
• Throat tightness or choking	Yes ☐	No ☐	Don't know ☐
• Coughing	Yes ☐	No ☐	Don't know ☐
• Wheezing or trouble breathing	Yes ☐	No ☐	Don't know ☐
• Faint or dizzy	Yes ☐	No ☐	Don't know ☐
• Loss of consciousness	Yes ☐	No ☐	Don't know ☐
• Redness of skin	Yes ☐	No ☐	Don't know ☐

• Other symptoms, please specifiy_____

6. During this MOST SEVERE episode, after you ate this fish, about how long did it take for the allergic reaction to occur?

In less than 10 minutes ☐
In 10 minutes to 1 hour ☐
In 1 to 2 hours ☐
In 2 to 12 hours ☐
After more than 12 hours ☐
Don't know ☐

7. Did you need/use any of the following in that MOST SEVERE reaction?

• Treatment at emergency department or hospitalisation	Yes ☐	No ☐	Don't know ☐
• Antihistamine (e.g. Piriton, Benadryl, Atarax, Zyrtec,etc)	Yes ☐	No ☐	Don't know ☐
• Epinephrine/ Adrenaline (Epipen)	Yes ☐	No ☐	Don't know ☐
• Steroids/ Prednisolone	Yes ☐	No ☐	Don't know ☐
• Asthma medicines (e.g. inhalers)	Yes ☐	No ☐	Don't know ☐

8. Have you had an allergy test to confirm the allergy to this fish?

Yes ☐
No ☐
Don't know ☐

9. Have you ever seen a doctor for your allergy to this fish?

IF YOU ANSWERED **"NO"** or **"DON"T KNOW"** PLEASE SKIP TO **QUESTION 13**

Yes ☐
No ☐
Don't know ☐

10. Has a doctor ever prescribed injectable epinephrine (Epipen) for you?

IF YOU ANSWERED **"NO"** or **"DON"T KNOW"** PLEASE SKIP TO **QUESTION 13**

Yes ☐
No ☐
Don't know ☐

11. Do you have injectable epinephrine with you at all times?

IF YOU ANSWERED **"NO"** or **"DON"T KNOW"** PLEASE SKIP TO **QUESTION 13**

Yes ☐
No ☐
Don't know ☐

12. Why do you NOT carry injectable epinephrine with you at all times?	Not necessary ☐ Avoid the fish anyway☐ Never been prescribed ☐ Not available☐ Others, pls specify: ☐ _____
13. Are you now able to eat this fish without any reactions?	Still have reactions☐ Eat now with no reaction ☐ Haven't eaten again ☐ Only react sometimes ☐ Don't know ☐

IF YOU WOULD LIKE TO CONTACT US FOR FURTHER INFORMATION ON YOUR ALLERGY, PLEASE CALL MS SITI DAHLIA AT **67724450**.
OTHERWISE, YOU HAVE REACHED THE END OF THE QUESTIONNAIRE.

Thank you for taking the time to complete this questionnaire.
The information you have provided is confidential.